

REMARKS

UPON THE

REPORT

OF THE

METROPOLITAN COMMISSIONERS

ON

LUNATIC ASYLUMS.

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THE important changes brought about in our large institutions for the reception of the insane, by the humane and scientific, have in our day attracted, and are still attracting, the greatest attention. The improvements effected are most striking; the disgusting spectacles formerly witnessed are for ever removed, and we now happily see throughout our large establishments a pervading air of comfort and cheerfulness. An equally striking change is perceptible in the disposition of the public generally on this matter. The time has not long gone by when the mere mention of insanity was received with aversion and disgust; this has now, however, we are glad to say, given place to an interest and attention which is not merely confined to the enlightened and benevolent portion of the community, but is shared in, to a very great extent, by the public at large. The subject will be brought, in the most comprehensive form, before the Legislature during the present session, and we therefore deem it important to devote a few pages to the consideration of the recently-published and excellent report of the Metropolitan Commissioners in Lunacy.

It may, perhaps, be known to many of our readers, that in the year 1828, owing to existing abuses in asylums situated in the neighbourhood of London, Parliament appointed a Commission to inspect these houses. The improvements effected by the continued visitations of this body of gentlemen, to the various institutions surrounding the metropolis, have been most striking; accordingly, four years ago, an act was passed extending their authority to inspect every asylum in the kingdom. The report before us shows how thoroughly and perseveringly they have performed this duty. We believe it to present a faithful picture of the present condition of the various establishments for the reception of the afflicted in mind throughout the whole of England and Wales. It brings before us a chequered view, exhibiting much that is cheering and encouraging; but at the same time, exposing blots of a deeper dye than we imagined could have been discovered on the face of our civilized and Christian country.

When considering the condition of our modern establishments for the reception of the insane, it has often appeared to us a matter of surprise how the older institutions came to be erected after the fashion of prisons or dungeons. The past history of the unfortunate creatures affected with mental alienation, in our own and other countries, may possibly throw some light on the matter.

It appears that our ancestors devoted a few cells, in each monastic establishment, for the confinement of violent or dangerous lunatics. This was the only provision at that time existing; the cells were strongly built, oftentimes underground, in them the afflicted creatures were bound in chains, and often subjected to the application of the lash, which, in the hand of the believer in the presence of an evil spirit, we can imagine would not be used either sparingly or gently. In these strong rooms were confined those only whose insanity prompted them to act wrongly; whilst the larger proportion, who from their derangement merely thought wrongly, were allowed to wander at large, and by their follies and fantasies to engage the interest of those amongst whom they lived. In the 'Utopia' Sir T. More remarks:

"They take great pleasure in fools, and as it is thought a base and unbecoming thing to use them ill, so they do not think it amiss for people to divert themselves with their folly; and they think this is a great advantage to the fools themselves; for if men were so sullen and severe as not at all to please themselves with their ridiculous behaviour and foolish sayings, which is all they can do to recommend themselves to others, it could not be expected that they would be so well looked to, nor so tenderly used as they must otherwise be."

Such, then, in former days was the provision for the insane. The deranged in conduct were provided with strong cells, and this being the only provision for those afflicted persons, it is natural to suppose that whenever it was increased so as to take in all forms of insanity, little or no material change would be made in the style of constructing the building destined for their reception; and hence our gloomy and prison-like edifices. We are probably not far wrong in conjecturing this to be the origin of our massive and strongly-built edifices for receiving the afflicted with disorders of the mind. We may probably be also allowed to believe the system of flogging formerly practised in the treatment of insanity, to have been handed down to us by our monkish fathers, who doubtless used the whip not only as an act of penance on their own bodies, but also as a corrective to their demented charge.

After describing the various changes of lunatic asylums already established, the Commissioners proceed to remark on the construction of these buildings, as follows:—

"Although we have no wish to advocate the erection of unsightly buildings, we think that no unnecessary cost should be incurred for architectural decoration; especially as these asylums are erected for persons, who, when in health, are accustomed to dwell in cottages.

"The best union workhouses have in general cost not more than

40*l.*, whilst pauper lunatic asylums have, in some cases, cost upwards of 200*l.* per head, for the persons whom they will accommodate. It is true that lunatics cannot be properly taken care of in the manner in which paupers are provided for; and there are many expensive arrangements essential to a lunatic asylum which are not required in a workhouse. We have been informed that nearly half the expense of an asylum is caused by the number of separate cells, and by making the building fire-proof; whereas, if ordinary dormitories, sufficiently large to contain a moderate number of patients, were principally used, and that part of the house most exposed to danger only were made fire-proof, a large proportion of the cost might be saved.

“The use of basement stories below the level of the adjoining ground should be avoided as much as possible for occupation by patients. They are used in the Suffolk Asylum, and at Nottingham and Hanwell. Some of the cells on the basement floor at Nottingham can scarcely be considered as fit for invalids; and many of the sleeping-rooms on the basement story at Hanwell are dark, cold, and ill-ventilated. Much has been done at the Surrey Asylum to render the basement story cheerful and airy, by making the windows open upon green grass slopes, instead of into areas; and the same plan has also been partially adopted at Hanwell.

“Another point connected with the construction of county lunatic asylums, and which requires much attention, is the size to which each should be limited. Out of fifteen county lunatic asylums already erected, ten have accommodation for not more than 200 patients; whilst the remaining five have room for larger numbers. The asylum for Kent will contain 300; for Surrey, 360; for the West Riding of York, 420; for Lancaster, 600 patients; and the asylum for Middlesex has beds for 1,000 patients. From the best opinions that we have been able to collect, and from the result of our own observations and experience, we think it is desirable that no asylum for curable lunatics should contain more than 250 patients, and that 200 is perhaps as large a number as can be managed with the most benefit, to themselves and the public, in one establishment.

“Pauper lunatics have unfortunately become so numerous throughout the whole kingdom, that the proper construction and cost of asylums for their use has ceased to be a subject which affects a few counties only, and has become a matter of national interest and importance.”

We agree in opinion with the Commissioners, that no unnecessary expense should be incurred in architectural display, but at the same time we contend that buildings destined for the reception of the afflicted in mind should not be devoid of taste or ornament. In this particular, as in every other connected with these establishments, regard should be had to the patients, and to them only. How little this principle has been kept in mind

by committees and architects, a very cursory view of our public charitable institutions would suffice to show. The architect is too apt to think more of external effect than of internal convenience; he displays a greater anxiety to gratify the public eye than to provide for the comfort and convenience of the patients. A striking instance of this is to be found in placing the lower floor of the building below-ground, as alluded to by the Commissioners in the Nottingham, Hanwell, and Surrey Asylums. Most of our hospitals are three or more stories in height, and the lowest is usually hidden below the surrounding surface of earth: were it otherwise the effect would be bad, the elevation would be out of taste. The eye of the refined and educated public is not hurt by an unsightly building, but the poor suffering inmates are doomed to dwell in dark, damp, cheerless, underground cells.

It appears to us, that the style of architecture best adapted to serve the purpose of an asylum is the old English. No great expense is needed to produce a tasteful exterior, no costly porticos (seen only by the patient on admission or discharge) nor other superfluous ornaments are required by the laws of architecture. The internal arrangements, also, can be well carried out in this style of building, both as regards the general plan as well as in the minute details. The stone mullion of the quaint window takes the place of the iron bar in our old hospitals, and the cast-iron frame-work, enclosing the small panes of glass, is in strict accordance with the style of architecture, and serves every purpose of security against escape of patients. There is, moreover, in the appearance of this description of building a homeliness which is pleasing, and beneficial to the patient. An asylum might be constructed in this style, in detached buildings, so as to have the aspect of alms-houses, and all the effects of the characteristic quiet and seclusion of these charitable establishments might be brought to operate beneficially on the wandering and agitated mind. The external aspect of the place would bespeak quiet and repose to the distressed sufferer, who would enter the establishment without the feelings of repugnance too commonly manifested by patients on admission into our large and formidable-looking asylums. We contend that, when a patient is sent to an asylum, the treatment of his case begins the moment he comes in sight of the institution, and we are of opinion also, that these first impressions produced on the mind of the sufferer are of the greatest importance, as tending to excite a frame of mind favourable to the reception of beneficial influences, or the contrary. What, let us ask, must be the effect of an imposing lodge entrance and magnificent portico on the mind rendered by disease highly suspicious and apprehensive? Too certainly

his malady would be aggravated by them; they are not, to the mind of a poor person, suggestive of an entrance to an asylum, to a place of refuge; they would seem to him the portals of some immense establishment, possibly a prison. Did parties designing our charitable institutions know or consider the effect of these external influences, they would at once perceive the utter injustice of an outlay, spent in producing an imposing exterior, to the detriment of the afflicted, for whom the establishment is specially erected.

A further instance of the disregard or indifference to the inmates, on the part of the designers of our public asylums, may too frequently be observed in the direction of the building as respects frontage. Many of our establishments are standing monuments of a gross oversight or neglect in determining the position of the building. There can be no doubt whatever, that whenever it can be accomplished, the patients ought to have the benefit of a cheerful look-out on a pleasing prospect; the building ought to be so disposed as to give them this advantage, and every other consideration should be sacrificed to it. But were this done, the erection would in all probability have an insignificant external appearance, it would lose its imposing aspect, and the superintendent would be deprived of a cheering view. We hope that, in making these remarks, we have not been unnecessarily harsh. They probably might not have arisen, had we, during a very recent examination of many of our large establishments, generally found, that the most open and cheerful apartments in the building were otherwise appropriated, than as the room of meeting for the Committee of Management; or had we found the accommodation for the patients on a more extended, and the mansion of the superintendent on a less magnificent, scale.

These glaring external defects naturally dispose the visitor to view with less surprise the equally flagrant errors observable in the internal arrangements of our public hospitals for the treatment of insanity. In very many of the older establishments we are struck with the prison-like aspect which they present, and it is at once evident, that in their construction, security from escape has been the main principle kept in view. It has unfortunately been too common to apprehend injury at the hands of the insane, and parties entrusted with the construction of buildings destined for their reception have been too ready to adopt these erroneous impressions, and to construct the edifices accordingly. They have been devised more as a means of confinement than as a means of cure, more for the protection of the public than for the treatment of the patient. Were we to draw our opinions on the treatment of insanity from the construction of the buildings destined

to the reception of patients, we should conclude that the great principle adopted in recovering the faculties of the mind was to immure the demented in gloomy and iron-bound fastnesses: that these were the means best adapted for restoring the wandering intellect, correcting its illusions, or quickening its torpidity: that the depraved or lost social affections were to be corrected or recovered by coldness and monotony. But can such influences have any but an injurious effect. Let us imagine the benighted mind, after a protracted period of darkness, awakening to consciousness, and looking around for comfort and sympathy. Let us observe the effect of bars, solitude, and gloom on the first dawnings of a gentle spirit. In the twilight (so to speak) of the mind, the morbid apprehension and dread are augmented to the highest degree, and surrounding objects become suggestive of follies or transgressions. In such a condition, the prison-like aspect of the place excites a strong feeling of committed error and crime, oppressing the feeble powers of the mind, which the most anxious solicitude of the care-takers, and all the assurances of the superintendent, cannot remove.

Before quitting this branch of our subject, we are glad of the opportunity of pleading, in one particular, in favour of the authorities who have superintended the erection of our county asylums. They are stated by the Commissioners to have cost from 111*l.* to 357*l.* per head, that is to say, for each resident patient, an outlay to this extent has been made in buildings. Now we can readily conceive that the true principles on which these establishments ought to be constructed, were, at the time of their erection, only very imperfectly understood; that many unnecessary expenses were incurred, many faults committed requiring correction at a subsequent period, and, consequently, a great and unnecessary outlay. To obviate the recurrence of extravagances of this kind, it appears to us desirable, in the event of a general measure on the subject of insanity in the ensuing session, that some competent parties be appointed to guide and determine these matters of expense and detail in the construction of buildings. We know the enormous saving effected in our public works, when the experience of practical men is employed in devising and directing the operations in their construction. A better instance of this could not be adduced than is found in the diminished cost of the construction of railways in the present day, as compared with the expense only a very few years ago.

The main object to be borne in mind, in the construction of lunatic asylums, is to combine cheerfulness with security, and to avoid everything which might give to the patient the impression that he is in a prison. The boundary walls should embrace a large space of ground, and should be so placed as to form no

obstruction to the view of the neighbouring country. This is best accomplished by placing them at the foot of a slope; but should the ground be level, they may be built in a sunk fence, so as to answer every purpose of security, and at the same time permit a cheerful look-out.

The full importance of determining the most economical and the best plan of buildings for the reception of the insane will be felt, when the actual amount of insanity in our country is considered. After a careful examination of the returns, the Commissioners state that "the number of insane persons ascertained to exist in England and Wales exceeds 20,000, and there is every reason to believe that this is considerably below the actual amount. They belong to every station in society, but by far the largest proportion of them (exceeding, in fact, two-thirds of the whole) are objects of charity, and are maintained entirely at the public expense." The Commissioners, we believe, judge rightly in expressing their opinion that the number is understated, and we believe this to be especially the case as regards the pauper class, for the two following reasons. In the first place, the local poor-law authorities are at all times reluctant to return the full numbers of the insane under their charge, from motives of economy; and in the next place, there are an immense number of cases of intermittent insanity, which are only returned as insane if they should happen to be suffering from a paroxysm at the time the return is made.

The Commissioners dwell at some length on the condition of the Hanwell Asylum; and, after alluding to the fact, that at their last visit it contained 984 patients, of whom only thirty were reported curable, make the following reflections concerning the immense number of incurable paupers in our public asylums.

"We have called attention to the state of the county of Middlesex, with respect to its pauper lunatics, because, although the evils which exist there prevail to a very great extent in other counties, they have risen up in the county of Middlesex with a rapidity which has not been equalled elsewhere, and to a magnitude which appears to us to require the serious attention of the Legislature.

"The condition of the county of Lancaster shows that the evils which we have pointed out as existing in Middlesex are not confined to the last-mentioned county. In 1816, the Lancaster Asylum was opened for 160 patients. It now contains 600 patients, and there are more than 500 pauper lunatics in the county for whom it has no accommodation; and the information obtained at this asylum is, that nearly all of them have been brought from workhouses, where they have been detained so long as to diminish the probability of their recovery. The counties of Middlesex and Lancaster have a large

class of patients which are not met with in the same numbers in other counties. The county of Middlesex had, in 1841, 108; in 1842, 116; and in 1843, 126 county pauper lunatics, or lunatics whose settlement had not been ascertained. The county of Lancaster had, in 1842, 118 county pauper lunatics.

“The asylum for the county of Surrey was opened in June 1841, and the visiting physician went round to the different licensed asylums in which the pauper lunatics were distributed, and selected from them 299 cases, which were thereupon removed to the County Asylum. At the period of our visit in 1843, there were 385 cases, including those which had been removed from licensed houses. All these 385 persons, with the exception of only thirty-seven cases, had been insane more than twelve months. There were (according to the Poor-law returns for 1843) 591 pauper lunatics belonging to the county of Surrey; and the number in the asylum, on the 1st of January, 1844, was 382, of whom 362 were reported incurable. We inquired at this asylum if any steps had been taken by the visiting magistrates to secure cases being sent there early, but we were informed that no measures had been adopted for that purpose; and we fear that the condition of the county of Surrey, with an excellent asylum, will soon, as regards the cure of its insane poor, be similar to that of the county of Middlesex, unless patients be sent to the asylum in an earlier period of their disorder, and some plan be devised for disposing of such of the incurable cases as it may be necessary in that event to remove.

“These remarks lead us to another and most important cause which operates to fill lunatic asylums with incurable patients, and to prevent the public from deriving any considerable benefit from them as hospitals for the cure of lunacy; and this must continue to operate and neutralize all other efforts for the benefit of the insane, unless means are adopted to relieve the asylums from time to time from the pressure of incurable patients, and to provide for such patients in some other establishment.

“The disease of lunacy, it should be observed, is essentially different in its character from other maladies. In a certain proportion of cases, the patient neither recovers nor dies, but remains an incurable lunatic, requiring little medical skill in respect to his mental disease, and frequently living many years. A patient in this state requires a place of refuge; but his disease being beyond the reach of medical skill, it is quite evident that he should be removed from asylums instituted for the cure of insanity, in order to make room for others whose cases have not yet become hopeless. If some plan of this sort be not adopted, the asylums admitting paupers will necessarily continue full of incurable patients; and those whose case still admit of cure will be unable to obtain admission until they themselves become incurable; and the skill and labour of the physician will thus be wasted upon improper objects.

“Under all these circumstances, it seems absolutely necessary that distinct places of refuge should be provided for lunatic patients

who have become incurable. The great expenses of a lunatic hospital are unnecessary for incurable patients; the medical staff, the number of attendants, the minute classification, and the other requisites of a hospital for the cure of disease, are not required to the same extent. An establishment, therefore, upon a much less expensive scale would be sufficient.

“In illustration of these remarks, we call to your lordship’s notice the rapidity with which the accumulation of patients has taken place at the asylum for the county of Lancaster: from the 25th of June, 1842, to the 24th of June, 1843, 267 patients were admitted into this asylum. The discharges during the same period amounted to 103, and the deaths to 71, and thus were added in that year 93 persons, whose chance of recovery was diminished by the circumstance of it not having been effected within the first twelve months. A similar accumulation is taking place, although not to the same extent, in nearly all the county asylums; so that a certain and progressive increase of chronic or incurable cases is produced in all houses which have no outlet for them—a circumstance which seems never to have been contemplated by those who have the management of these large public asylums, and for which no relief or remedy has hitherto been provided.

“We are glad to remark that the visiting justices of the asylums for the West Riding of the county of York, and for the counties of Nottingham and Stafford, permit the substitution of recent for old cases.

“The disposal of incurable patients, however, although a very serious and difficult question, is certainly of less moment than the exclusion of curable cases from lunatic hospitals, which have been erected at great public cost, and are fitted up with every convenience for the purpose of cure.”

These are startling facts, and it is manifest that a great evil exists, demanding a radical and permanent remedy; but, at the same time that we express this opinion, we conceive that the removal of the incurable cases from our county asylums could be looked upon merely as a palliative and temporary one. It behoves those in authority to strike at the root of the evil. In this particular, as well as in many others concerning the insane pauper, we find a fundamental error in operation, possibly transmitted from the dark ages, and in the spirit of which may be found the guiding principle swaying the formation of our enactments on insanity. There can be no doubt that the immediate relief of the afflicted ought to be our first concern. But is this the case? Do we not discover that protection to the public, rather than cure of the sufferer, is the predominating principle inculcated in our acts of Parliament? The guardians of the poor are instructed to send patients to county asylums when they become dangerous, hence the custom has arisen of keeping in

workhouses cases recently attacked until they have been found unmanageable. Our county asylums have thus become, and the evil is daily increasing, places of security rather than curative establishments. The Commissioners, in various parts of their Report, urge most strenuously, on the attention of the visiting justices, the necessity of speedy removal of all paupers attacked with insanity to the county asylums, and they allude in particular to the futile efforts made by the visiting justices of Hanwell to this end. We apprehend, however, that sufficient authority in this respect is not placed in the hands of the visiting justices. They, as a body, provide accommodation for patients, the discretion of sending them being vested in the Poor-law authorities. Here, it appears to us, lies the great evil of the present system. The guardians of the poor, from erroneous motives of economy, are tempted to detain in workhouses all cases of insanity until the disease has arrived at a dangerous and probably incurable height. As long as this power rests in the hands of the overseers, and as long as workhouses are made the receptacles for individuals attacked with insanity, the evil so prominently brought forward by the Commissioners, and so frequently reported on by superintendents of asylums, must exist. We have not the most favourable impression either of the discretion, judgment, or of the tender mercies of these parochial functionaries, and we conceive it to be the business of Parliament to relieve them, at once, from the duty of determining, at what period of an attack of insanity, the individual shall have the benefit of proper advice in his complaint. There can be no doubt that every pauper, on the accession of an attack, ought at once to be sent to a place where he may derive the advantage of remedial means, and have every fair prospect of restoration. What would be our impression, did the custom prevail of sending paupers attacked with other maladies first to a poor house, there to remain without medical aid until the disease had become irrevocably fixed, and then, when all hope of cure is lost, to transfer them to an hospital for the benefit of the best advice? Suppose a pauper, attacked with inflammation of the lungs, to be sent to a workhouse, and allowed to remain there, without treatment, until the organs of respiration have become permanently diseased, and then transmitted to an hospital for cure; should we not say that a flagrant act of injustice had been committed? The pauper, however, attacked with a bodily complaint can judge for himself; he knows that a dispensary or infirmary afford relief to his malady, and he seeks it accordingly: but the truly unfortunate sufferer, attacked with an affection of his brain, loses all power of judgment and self-control; he knows not and cannot seek the requisite appliances, he is allowed to

lose for ever the use of the highest faculties with which it has pleased Providence to endow him, he becomes a wreck for the remainder of his existence, and, through the mistaken policy at the outset, a permanent charge on his parish. That such is the result of the system at present adopted is too evident from the condition of our large institutions, and a searching reformation is loudly called for. We entertain a low estimate as to the perviousness of the heads of the Poor-law authorities to arguments such as these, or to the recommendations of the Poor-law Commissioners as regards this matter, and we look to the strong arm of the law for a remedy against the enormous evils at present in operation. That the foregoing are no fancied assumptions is proved by the ‘General Statement of Insane Persons confined in Asylums in England and Wales, 1st Jan., 1844.’

Private patients - -	3,790.	Pauper patients - -	7,482.
Curable -	1,045.	Curable -	1,484.
Incurable -	2,745.	Incurable -	5,998.

From this table we perceive that the relative proportion of incurable paupers in asylums is double that of the private patients, who have probably had the benefit of early treatment. But, moreover, when we add to these incurable paupers confined in asylums, the immense mass residing in workhouses, the result is truly appalling.

A workhouse is a fit refuge for the broken-down constitution, and there may be grounds for thinking, that in some cases of insanity, such an establishment may be a suitable receptacle in the latter stages of the complaint; but no arguments can be advanced to support the present plan of sending a poor wretch there on the accession of an attack. The beneficial effect which would result from the adoption, as a universal custom, of the practice of sending every pauper, when attacked with insanity, to an hospital for cure, would at once be experienced in every individual case; but the great and striking results, as diminishing the aggregate insane population of the country, would not be rendered apparent till the lapse of a few years. The accumulation of the large mass of incurable insane at present encumbering our valuable institutions has been the work of a long-continued evil practice, which time only can remove.

When reflecting on the spirit in which our enactments regarding the insane have been framed, and their bearing on the community, we can easily repress a feeling of surprise at the erroneous views in which they have originated: but when we come to consider the manifest evils which from year to year have resulted therefrom, we cannot avoid entertaining a feeling of astonishment that the attention of the legislature has not, at an earlier period,

been arrested by the amount of mischief which for a long time has been growing upon us, and has now reached such an alarming extent. It is too common to think that where there is no complaint, there is no need for remedy or redress; and of all bodies probably few are more likely to assume this as an axiom than our well-petitioned Parliament. Should it not, however, be borne in mind that the oppressed and suffering for whom we now plead are, from the circumstances to which they are reduced, both incapable of judging of their condition or of putting up a petition on their own behalf. Could we suppose them capable of offering up their complaints, we conceive they would be able to make out a strong case of injustice to themselves out of regard to protection of the public.

The erroneous views favoured by acts of Parliament regulating the insane paupers have clearly taken deep root. It is too evident that, in the minds of many, whenever the question is raised as to the propriety of sending a patient to an asylum, one, and only one, point is considered necessary as decisive of the step to be taken, namely, whether he be dangerous or not. It rarely, if ever, seems to be a matter of reflection, whether he would be benefited by the treatment under which he would be placed in a well-conducted hospital. To forward the restoration of his faculties seems to form little or no part of the consideration of the officials whose bounden duty it is to take charge of him and promote his recovery. So that he be not troublesome or dangerous, he is allowed to remain without any aid to elevate the depressed, or bring back again the lost, faculties of the mind; he is suffered to sink into the condition of a brute, and to present one of the most humiliating and loathsome spectacles which can be contemplated.

Let it not be supposed, from the remarks already made, that we underrate the necessity of protection to the public from the violence of those deprived of reason. Such protection is, doubtless, imperatively necessary. But have the enactments framed for this purpose answered their end? Recent lamentable occurrences inform us they undoubtedly have not. If we ask how they have failed, we find a simple explanation in the fact, that parties manifestly suffering from insanity, but presumed to be inoffensive, are allowed to wander over the country until they have taken the life of a fellow creature; probably the first act of a dangerous nature they have committed. Were the true and undoubted principles inculcated and acted on, namely, that of early treatment of every case of insanity, these unfortunate persons would, as soon as the disease manifested itself, be placed in an establishment affording them a chance of recovery. We, from this, perceive that the best and only mode of protecting the public

from danger is to give the suffering patient a chance of recovering his understanding.

Before quitting this branch of our subject, a passing remark on the terms now employed towards the insane paupers may not be misplaced. The certificates of insanity and the order for his admission into the asylum are termed "commitment papers," and he is said to be "committed." The nurses are termed "keepers." Does not this savour rather of transport to prison than removal to an hospital? We recommend the total disuse of these terms, as calculated to favour the present erroneous views regarding the true motive of sending a patient to an asylum.

Can it be said, that, on the admission of a patient into an asylum, he derives the full advantage to which his case is entitled? Are his interests fully and fairly considered, or does he find within the walls a portion of the indifference he experienced without? Is everything conducted with a view to his welfare, and is every other consideration entirely disregarded? We fear a little insight into our asylums would tell us this is not the case. But the insight needful to inform us on this head must be something more than a mere routine visit made within the hour usually appointed for the purpose. At such a period, a general air of order and cleanliness, most agreeable to observe, may pervade the establishment, which is not discoverable at other times, when no visitation is anticipated. Every one conversant with the treatment of insanity is aware that cleanliness and order are highly instrumental in regulating a disordered mind, and ought therefore at all times to be practised. But when observable only at the time of an expected visitation, we are apt to conclude that the officials are more desirous to obtain the approbation of the governing body than to perform with consistency whatever may be considered at all times due to the patients. The good opinion of the Committee, rather than the true interests of the afflicted, would seem to be uppermost in their minds.

When visiting our establishments for the treatment of insanity, we cannot shut our eyes to an injurious practice, too common even in some of our better institutions, namely, that of exciting the peculiarities of the patient for the gratification of visitors, both casual and official. We cannot be insensible, whenever we see instances of this nature, how small an amount of consideration is bestowed on the true interests of the patient, and how much regard is given to the pleasing effect sought to be produced on the observer. Whenever we witness exhibitions of this kind, we have some difficulty in repressing a feeling that all is not right, that this irritation and excitement of diseased action may be used as a means of engaging the attention in a pleasing

manner, and by directing it to this channel, the object of the visitation, namely, the detection of abuse, is diverted. We hope we may be wrong in this assumption; and we are willing to believe that in most cases the practice arises from inadvertence and want of due consideration towards the patients. The custom is both painful to the morbidly sensitive feelings of the patient, as well as highly pernicious in tending to aggravate and confirm the disease. A visitor to any of our improved asylums is surprised at the spectacle presented; he observes a striking degree of order, quietude, and regularity. His attention is not attracted by any great departure from ordinarily correct conduct or modes of thought; no means of gratifying the spectator by exciting the absurdities peculiar to insanity are employed. The species of tact, amounting almost to trickery, is no longer employed, and the true interests of the patients appear to be the guiding principle of action.

Can these evidences of forgetfulness or inadvertence, exhibited during the open visitation, be witnessed without exciting the apprehension that less excusable instances might at other times be observed. We fear it must be so; we fear that too often parties entrusted with the care of the insane regard over much the approbation of the directing committee, and seek not the higher satisfaction arising out of a firm and conscientious discharge of duty.

We pass now to the consideration of the question standing prominently before us, namely, how is this large mass of the incurable insane, which has been forced upon us by the system at present in operation, to be disposed of? The first inquiry which arises in our minds is the amount of care required by these chronic incurable cases. It has been argued by some that insane patients, in whom all prospect of cure is lost, require little or no more care than sane persons, and that the provision usually given to the pauper in a workhouse would suffice for the incurable insane. A very little consideration on the part of these individuals would convince them to the contrary. It should ever be borne in mind that each insane person is suffering from an affection of the most important organ of the human frame, which, when deranged, exercises a baneful influence over every other organ of the body. Hence every lunatic must be considered as a sick person, requiring, to a certain extent, observation, care, and attention. Indeed, a more than ordinary amount of vigilance is requisite in detecting, and skill in treating, the various maladies to which persons so circumstanced are prone. It is a well-known fact that disease of an organ will, in an individual affected with insanity, proceed to a great extent, without becoming cognizant to an ordinary

observer. Nor is this more than we should be inclined to expect, when we take into consideration the deranged sensibilities of the patient and his inability to express his feelings. The knowledge of this general fact shows that, for the mere alleviation of the various bodily ailments to which the insane are subject, a more than ordinary share of attention is requisite.

Another plan propounded for the disposal of this class of cases is the establishment of separate asylums devoted exclusively to their reception. This, at first sight, would appear to be an admirable plan, both for relieving the present establishments from a great encumbrance, and also for providing a comfortable retreat for the hopelessly afflicted. No plan ever advanced for the relief of distress, not even the most captivating and perfect, is free from objection on all points; we are not, therefore, to be overcome with surprise if, in the consideration of the one before us, many difficulties and great evils present themselves, which ought to be most carefully guarded against in carrying it out. In order to arrive at a just conception of the provision necessary in these proposed new establishments, let us inquire first into the actual state of the class of incurable patients as compared with the curable ones. Most curable cases are turbulent and excited for a moderately short space of time, and, as this passes off, a gradual and progressive restoration of the faculties and regulation of the conduct ensues. In the early stage, the patient of course requires much attention; but, in the latter, only a very moderate share of care is sufficient to lead him on to recovery.

The incurable cases in an hospital may be divided into two classes. In the first class may be placed all those who are permanently excitable or violent. In the second class may be placed all who are considered quiet and harmless, and in whom the prominent feature of their affection is a deficiency or inactivity of mind. The first class represent the condition of most curable cases, in the earlier stages of the complaint; and the second may be considered as somewhat analogous to the condition (as far as regards care and attention) of a curable patient, in the progress of recovery. Now in order to estimate the comparative amount of care required by the cases curable and cases incurable, we should endeavour to ascertain among the incurables the proportion the excited bear to the quiet cases, and bring it into comparison with the excitement or quietude attendant on the various stages of the curable cases. When we come to consider, that amongst the class of incurables will be placed all epileptics, most criminal cases, homicidal patients, all paralytic cases, and

the deplorable class who are inattentive to the calls of nature, as well as a large number suffering from progressive disease, both of the brain and other organs of the body, we shall be made aware that a considerable amount of attention is necessary for these afflicted beings, and of course a considerable amount of expense incurred. It is well known that epileptics require the utmost care and close supervision. Criminal cases require, both on account of the nature of their insanity (being often impulsive to the commission of extreme violence) and also on account of the circumstances under which they are committed, the greatest watchfulness. The helpless paralytics need constant assistance. The homicidal, having an uncontrollable propensity to acts destructive of the lives of others, require the closest observation. The care and circumspection necessary for these cases, must involve the establishment wherein they are confined in an amount of expense proportionate to the care bestowed.

Much discrimination would be absolutely requisite, in conducting an establishment destined for the reception of incurables only, to prevent a feeling of despair from arising in the minds of the inmates; and we conceive many and serious difficulties would be experienced on this head. Most patients in our asylums, as at present constituted, derive the greatest solace in their affliction by indulging a hope of recovery, and return to the happy home from which they have been removed. It is the laudable custom, on the part of the officers, to keep alive this hope, and to cheer the patient by entering into his feelings and calculations as to the probability of a return to his friends. Much comfort, and no small share of happiness, is oftentimes given to the most hopeless case by thus favouring his delusive expectations of a return to the home and friends of his former years. In the prospect of this restoration a cheerfulness of mind is kept up, the patient's faculties are exerted, he enters with alacrity on any little avocation suitable to his capabilities, and, although no prospect of recovery can be entertained, yet in the performance of these duties, and in the anticipation of a better day, he passes his life in a comparative state of happiness. But take away from a patient this prospect of restoration, place him within the walls of an establishment from which he knows he cannot be removed but by the hand of death, and you take away from him the main stimulus to the exertion and regulation of his expiring faculties. You condemn him to a life of cheerless inactivity, and all the misery attendant on a weak mind vainly seeking for a gleam of hope to cheer and sustain it. Should we not have reason to dread that, so circumstanced, the patients would too frequently

seek relief from this irksome and wearying state of existence by means of self-destruction.

It is perfectly true, as the Commissioners observe, that, among the chronic causes of insanity, a considerable number require but little active medical treatment; and are, on the whole, orderly in conduct, their condition being that of a general deficiency of mental power or decrepitude of the understanding. A number of patients belonging to this class could doubtless be removed from our asylums, and maintained at a less cost in an establishment destined for their reception. Such a step, however, we imagine to be of doubtful expediency, both as respects the patients belonging to this class, and also in regard to the general body of the insane as at present constituting a community in our large establishments. We should fear the effect of bringing together, and keeping in the same apartments, a large number of patients suffering from the same general feebleness of mind. We in general find patients of this class distributed in the various wards of our asylums, entrusted with the discharge of minor duties; and a few will be found actively engaged under the eye of the warder, rendering valuable assistance in tending the necessities of the more helpless cases. Many, whilst rendering these beneficial services, find a deep interest in the object to whom they are devoted, and having the gratification of observing the good effects of their attentions, a mutual attachment is engendered, of which we could scarcely have supposed them capable, and which is highly beneficial to both parties. A tranquillizing effect on the excitable curable cases is caused also by the stolid, immovable calmness manifested by some of our incurable insane, whilst engaged in performing the necessary duties towards them. There can be no doubt that patients belonging to this class of imbeciles could be maintained at a less cost than the average charge at present made to the townships, but then, again, the average cost of the patients remaining in the curable establishment would be increased, owing to the necessity for an increased number of attendants to perform the services previously rendered by the better portion of imbeciles.

Whilst on the subject of expense in maintenance, we beg to offer a few remarks on the opinion expressed by some, that the incurable insane pauper might be maintained at nearly the same cost as the sane pauper in a workhouse. Some injustice, it appears to us, has been done to the superintendents of lunatic asylums, in making comparative statements of the weekly charge for maintenance of patients in them, with the cost of paupers in workhouses. In the first place, the items of expense are differently disposed in the two establishments. In a work-

house the weekly cost merely includes food and clothing; all the outlay in wages, salaries, furniture, &c., is passed to another account, under the head of establishment charges. But in an asylum the whole of these items are embraced under the one head of maintenance. A further comparison of these establishments as regards the inmates can lead to no satisfactory results as regards expense. In a workhouse the resident population consists chiefly of infants and aged persons, requiring little outlay in sustenance; whereas in an asylum the inmates are mostly middle-aged persons, requiring an abundance of sustenance and clothing. It is a well-ascertained fact that, for the successful treatment of insanity a full and nutritious diet is absolutely necessary. In a workhouse, however, the pauper, for obvious reasons as a matter of policy, is allowed only a meagre fare, and coarse habiliments; it would serve a bad purpose were he to be fed and clad in such a manner as to excite the envy of the industrious, actively labouring in their own support. Not only is a better diet specially required for the insane on account of their malady, but also in consideration of the artificial circumstances in which they are necessarily placed, by confinement within the walls of an establishment. Furthermore, the destructive and wasteful propensities of the insane, as well as inattention to their habits, necessarily cause an outlay not incurred by the sane pauper. Again, in workhouses the staff of servants and officers is small, and not costly: no warders or attendants are needed to look after the sane poor. In fine, in the one establishment every expense attendant on sickness is required, whereas the other is merely a house of refuge for the distressed in circumstances.

Let us, in continuing our inquiries as to the provision for the incurable insane, ask who is to pronounce a case as hopeless? Whether, in passing sentence of transport to the establishment of incurables, a just decision would be arrived at in every instance? Who, with all his knowledge of the functions of the human mind, and with all his experience in the treatment of its derangements, could, with the confidence of unerring certainty, pronounce on the curability or incurability of every individual case? Doubtless, in most instances, such a decision might be given without a chance of error; but we conceive it to be more than probable that not a few might be doomed to make their transit amongst the incurables, in whom there might be a prospect of recovery—in whose beclouded minds there might still linger a glimmering ray of intellect struggling for mastery and seeking for sustaining aid, but finding it not in the surrounding gloom and cold indifference of an incurable establishment, would gradually

lapse into perpetual darkness. The possible chance of such a misfortune should not be permitted, much less favoured by any legislative enactment. Further, in what party would the power of ordering removal be vested? We presume in the medical superintendent. Might he not be tempted to pronounce as incurable, the unruly and more disgusting cases, with a view of ridding his establishment of a number of offensive objects? Would it be right to subject any individual to such a temptation of acting with gross, we might almost say criminal, injustice to the poor wretches under his charge? Various returns have been made of the proportion of curable and incurable patients at present in the asylums of England. We believe these returns to be in the main true as regards the aggregate number. But we imagine that each officer, in making this return, can be considered as only approximating the truth as regards individual cases; taken as a whole, the table may be pretty accurate as respects the general ultimate result, each officer calculating that out of the number he has estimated as incurable a proportion may recover, and out of the number of curables a proportion may ultimately be added to the list of incurables. Few, we can imagine, in looking over the patients under his charge, would venture to pronounce a positive opinion on every case.

A further consideration as regards the condition of the permanently insane is worthy of notice. We believe that, after passing through the various phases peculiar to the early stages of insanity, the mind of the patient takes a fixed character, having certain peculiarities, but yet not so far removed from a sane condition, in so far as its manifestations are concerned, as was observable in the earlier stages of the attack. A new character as it were supervenes, the formation of which has been witnessed, and in a great measure controlled, by the superintendent of the establishment, who has had charge of the case from the commencement. The patient, in passing from the acute and variable condition to this permanent form, naturally acquires a feeling of reliance on the controlling power of the superintendent, and looks up to him with a kind of parental regard. A confidence on the one part, and an interest on the other, naturally grows up, which is highly conducive to the comfort and happiness of the patient. The severance of this tie cannot be to the advantage of the lunatic, who, if allowed to remain under the eye of the director to whom he has become attached, and towards whom there possibly may exist a feeling of gratitude, passes the remaining portion of his life in a comparative state of comfort.

In the management of our large institutions, the energies of the director are employed in the invention and enforcement of

certain general regulations throughout the establishment, having for their end a beneficial influence in the restoration of the patients admitted therein. Such regulations are of the utmost importance in the cure of insanity, and there can be no doubt that the same means which tend to the cure of the more hopeful cases, tend also to approximate the most deplorable and the least hopeful to a state of sanity. The influences brought into operation, with a view of restoring to the curable cases the lost faculties, have the effect also of imparting to the incurable such an amount of understanding as to bring them nearer to the confines of sanity, and to produce in them a degree of self-control, an orderliness of conduct, and capabilities of enjoyment, not otherwise attainable. The primary object of every individual entrusted with the care of the insane is of course their restoration, and to this end every step he takes in their treatment is directed. It is the hope of success which stimulates his exertions, which excites him to devise means for the cure of his patients. He finds a reward for his labours, and is sustained in the most trying and anxious circumstances by the feeling that the efforts he is making have for their object the restoration of a human being to the full use of his faculties, enabling him to return to all the duties and pleasures of life. Remove from him this stimulus, place him to superintend over a number of cases pronounced hopeless, and, though he may have the consciousness that it is in his power to alleviate their condition, there is too much reason to think that his efforts would shortly flag, and he would fall into a routine method little benefiting his patients, and ruinous to his own mental activity. The best disposed, most intelligent, and capable individual, would feel the influence of such a position. The sphere of his duties would not afford him sufficient stimulus, and he must either find some other source of active operation, or sink into a listless, inactive habit of mind. In either case, it is evident, the interests of the beings under his care must most materially suffer. We cannot therefore avoid dreading, that should the incurable insane of this country ever be placed in separate establishments, that we shall again witness many of the loathsome and humiliating spectacles so recently presented, and which have been removed by the unparalleled exertions of the enterprising and enthusiastic men who have of late years undertaken the management of our large establishments.

In all legislative enactments having for their object the establishment of charitable institutions, it is of paramount importance that they should be so framed as to encourage the more generous principles of our nature, and shut out the incentives to a sordid or selfish disposition. Every inducement to honourable,

active, and philanthropic conduct should be offered, and no opportunities for the admission of abuse should on any account be favoured. Everything should be so ordered as to excite a high guiding principle; an interest beyond that of self should especially be encouraged in the managers of establishments destined for the reception of the most afflicted of our species. Could hospitals for incurables be founded without departing from these axioms in legislation? What character of individuals would offer as superintendents? Could they have any other motive in taking office than that of emolument? Would there be sufficient interest felt in the establishment, on the part of the committee of management, to secure frequent and vigilant visitation? In cases of abuse, neglect or cruel treatment, how could it find tongue, when none are discharged from the institution? One of the best checks to abuse, in our establishments for the insane, is to be found in the patients discharged recovered, who can speak openly and freely of the doings within the walls. These are points worthy of the consideration of the legislature, before they enter on the experiment of establishing houses destined solely for the reception of the insane pronounced to be hopeless. We have already alluded to the fact, that the devoted and untiring efforts of the medical superintendents in our large institutions directed to the cure, and to the cure only, of the cases placed under their charge, have been the means of raising these establishments to the height of perfection they have attained. We have good reason to be proud of the present position of our national hospitals for the treatment of insanity. We are aware that the attention of our continental brethren is attracted to us; that they who formerly set us the example in the march of improvement, are beginning to look upon this country as far in advance, and we hear of governments sending investigators over to report on our proceedings.* We sincerely trust that whatever enactments may receive the sanction of the legislature in the present session of Parliament, they may be so framed as to stimulate to increased exertion, and may have the effect of placing our benevolent institutions for the insane on a permanent footing of active benevolence and progressive improvement.

We have devoted a considerable space to the due consideration of this most important branch of our subject. The attention of the Commissioners has naturally been arrested by it. They, finding our county establishments already overgrown in magnitude, filled with cases deemed hopeless, the officers harassed with the increased weight of duty thrown upon them, and the institutions not yielding the amount of benefit to be expected, natu-

* Gentlemen from Prussia, Belgium, and Austria have lately been commissioned by their respective governments for this purpose.

rally felt called upon to suggest a speedy remedy for this existing evil. The readiest way of effecting this would doubtless be the removal of the large body of incurable cases; but this, as before remarked, could only be considered as a palliative and temporary measure, as long as the custom of keeping cases recently attacked in workhouses continues. The question is not free from many difficulties, and we believe the Commissioners have felt it; at page 93 they remark—

“The disposal of incurable patients, however, although a very serious and difficult question, is certainly of less moment than the exclusion of curable cases from lunatic hospitals, which have been erected at great public cost, and are fitted up with every convenience for the purpose of cure.”

From this it is clear the Commissioners believe it to be of the first importance to make provision for recent and curable cases. Would not the right course, in the present predicament, be to establish Hospitals destined for the reception of recent cases only, and should they not recover within a certain period, to transfer them to the larger establishment as chronic, but not as incurable cases? If this were done, attention would be drawn to this new description of Hospital destined for cure, and parties would be stimulated to send cases in the earlier stages of the complaint. Such a scheme would probably require a greater outlay of the public money. We are strongly of opinion, however, that it would be well invested, and would yield an abundant interest, in the mitigation of human suffering, and in the diffusion of an increased amount of happiness to our poorer brethren. Bodies of men, like individuals, rarely suffer from an excess of charity, and they should therefore be especially guarded, lest, whilst economising the funds of the rate-payer, they do not abstract from the insane pauper those appliances which justice and humanity inform us are his due.*

We copy, without comment, the following appalling picture of the abuses and defects in several of the private asylums which at present stain our country.

“Having thus called your lordship’s attention to the asylums of all classes, which have partial defects, it is now our duty to bring under your consideration the condition of the asylums and licensed houses which deserve almost unqualified censure.

“The asylum at Haverfordwest was first visited by the Commissioners on the 13th of September, 1842. Their report states that

* Separate asylums, or places of refuge for the incurables, would doubtless prove a saving of expense to the parishes by the diminished longevity of the inmates. The term hospital might be adopted with advantage as indicative of an establishment destined for the treatment of acute cases of insanity, and the term asylum for the reception of the more chronic forms of the complaint.

this asylum was formerly a small gaol for the criminals of the town, but was, in 1822, by virtue of an act of Parliament, appropriated to the reception of lunatics. It did not appear that any addition or alteration whatever had been made, so as to adapt it to the accommodation of patients. On the contrary, all the cells and rooms were apparently in their original condition, not even windows having been added, except in the part which faces the public street.

“The asylum at that time (1842) contained eighteen patients, nine being males and nine females; and the corporation of Haverfordwest contracted with a person to supply the patients with food and other necessaries. The Commissioners felt it their duty to report that the asylum was deficient in every comfort, and almost in every convenience: the rooms being small and ill-ventilated, some of the lower rooms (originally cells for prisoners) being almost dark, and the interior of the asylum altogether out of repair. The two day-rooms, in which the less violent patients were confined (one having seven males and the other five females), each measured about twelve feet by nine feet; the floors were of soft stone, but part of it (in the female ward considerable parts) had been torn up and destroyed. There was no seat, or table, or any article of furniture, in the women’s room, and nothing, except a table, in the men’s room. The men were standing; the women standing or sitting on the floor. On the circumstance being noticed by the Commissioners, a long board or seat was brought into the men’s room from the airing-ground, and fixed against the wall. It was not sufficient for the seven male patients, who were in the room, to sit on. Four of the men, however, sat down on it; the others remained standing. In the airing-ground belonging to the women there was a bench, which apparently belonged to their room. There were large holes in some of the walls and ceilings. The airing-courts were very small and cheerless, particularly that belonging to the men, and they were both strewn with large stones, which had fallen or been forced from the building. There were two mischievous patients, unrestrained, amongst the men (in whose hands these stones might be formidable weapons), and another fastened in a chair, in a separate room or cell.

“The dress of the patients was, in almost every instance, dirty, ragged, and insufficient. One of the female patients pulled off her shoes and stockings, which were nothing more than rags, such as are occasionally seen on heaps of rubbish. The Commissioners were informed that there was not a single change of linen (either for the beds or for the person) throughout the asylum. This fact was complained of by the matron. Indeed, the Commissioners could not discover any linen whatever, except upon the persons of some of the patients, and the dirty cases of the straw beds, throughout the house. There were only sixteen single beds for the eighteen patients confined in the asylum. One patient, a boy of nineteen, slept on loose straw, on the stone floor, in a small dark cell; and

one other patient, a girl, who was convalescent, slept in the same room with the keeper and his wife, on a bed belonging to them. She must otherwise have slept on the floor, and apparently without bedding.

“The Commissioners caused many of the beds to be uncovered, and found that there were no sheets or blankets, and little more than a single rug to cover the patients. In more than one instance the scrap of blanket, allowed in addition to the rug, was insufficient to cover half the person. The beds were of straw, and almost all of them were inclosed in coarse linen cases; but although there were several dirty patients, there was not more than one case for each bed. Some of the cases were soiled, and all of them appeared dark, as if from long use. The matron stated that she had applied repeatedly for more bed clothes and for linen, but without effect; the contractor would not send them. She complained to the Commissioners, that the state of the asylum, in reference to its want of repair, comfort, and accommodation, and the destitute condition of the patients, was dreadful; and she expressed her earnest hope that some person would speedily interfere on behalf of ‘the poor creatures confined there.’

“In regard to restraint, the Commissioners found that no belts, hand-locks, or strait jackets, were allowed, but the refractory patients were confined in strong chairs, their arms being also fastened to the chair. Two were thus confined, separately, in small rooms, into which scarcely any light entered through the gratings. One was the boy before-mentioned, who slept at night on the floor of the same room; the other was a woman who was entirely naked on both the days on which the Commissioners visited the asylum, and, without doubt, during the whole of the intermediate night. Both these were dirty patients. In the woman’s room the stench was so offensive that it was scarcely possible to remain there.

“During wet weather, there was no place whatever for exercise; and at other times there was not sufficient space for the purpose. No attempt was made to employ any of the patients, and no books or other amusements were provided. Prayers were never read, and no clergyman ever visited the asylum, although one of the female patients, who was occasionally depressed, and imagined that she had not done her duty to a child who had died, appeared especially to require such consolation as a clergyman might afford.

“The keeper and his wife (the matron) appeared well-disposed towards the patients, but they were themselves scarcely above the rank of paupers. They were allowed the same rations as the pauper patients, and a salary of 20*l.* a year between them. They had no assistant or servant, for the purpose of keeping the asylum or the patients clean, for cooking the food, for baking the bread, or for any other purpose connected with the establishment. At our first visit the keeper was absent. The Commissioners were informed that he was at work for some person in the neighbourhood.

“The patients were allowed water only for their drink; culm and

clay for firing; straw, chopped and whole, for the beds of the clean as well as of the dirty. The bread was dark and heavy, and was made of barley meal and wheaten flour. The matron said that the yeast allowed was insufficient, and that the oven was out of repair, and that consequently she could not make the bread good or wholesome. She had repeatedly complained of these things without effect.

“As evidence of the spirit in which this establishment was upheld, the Commissioners were informed that a few years ago a person was directed by Government to examine the buildings constituting the asylum, and that, some notice being had of his expected arrival, workmen were employed during the whole of the preceding night upon the repairs, so that when the Government agent visited the building in the morning, he found it undergoing repair. These repairs, however, were discontinued immediately after the agent left the asylum, and have never since been proceeded with. These facts were stated to the Commissioners by the matron.

“At the asylum at West Auckland, first visit on the 5th of December, 1842, there were thirteen males and sixteen females. Each sex had only one sitting room, with windows that did not admit of any prospect from them, and the violent and quiet, and the dirty and clean, were shut up together. There was only one small walled yard, and when the one sex was in it the other was locked up. One of the male patients said that they were made so tender by their confinement that their health was destroyed. There were two small grass closes belonging to the house, but they appeared to be little used for the employment of the males. In the small, cheerless day-rooms of the males, with only one unglazed window, five men were restrained by leg-locks, called hobbles, and two were wearing, in addition, iron handcuffs and fetters from the wrist to the ankle; they were all tranquil. The reason assigned for this coercion was, that without it they would escape. One powerful young man, who had broken his fetters, was heavily ironed, and another was leg-locked and handcuffed, who was under medical treatment, and in a weak state. One woman was leg-locked by day and chained to her bed at night. Chains were fastened to the floors in many places, and to many of the bedsteads. The males throughout the house slept two in one bed. The Commissioners who first visited the asylum stated their opinion to be that it was entirely unfit for the reception of insane persons. It was also visited on the same day by two magistrates, who entered the following minute in the Visitors' Book :—

“ ‘5th December, 1842.

“ ‘We this day visited the asylum, and found that the Commissioners had just left it. We found everything in good order.’

“On the third visit of the Commissioners to the asylum at West Malling, in Kent, on the 2nd of September, 1843, they were much astonished at discovering six sleeping places for males in an out-

house, at the upper end of the male pauper's yard. These places had not been laid down in the plan of the house, and they had never been shown either to the Visiting Justices or to the Metropolitan Commissioners, who had previously visited the asylum. They were wooden closets, six feet long, six feet high, and three feet two inches wide; three being on each side of the passage, which was between two and three feet wide. These places had a raised floor, upon which the bedding was placed. They were all extremely close, but the two centre ones had no means of ventilation. They had been regularly used, and were occupied by five males on the night before they were discovered, and were made up for use when first seen. They were, of course, quite unfit for sleeping places." *

In our county and other asylums are to be found a class of patients denominated criminal, amounting at present in England to as many as 224. On this head, the Commissioners state that—

“It has been matter of frequent complaint that asylums are made receptacles for criminal lunatics, including all those who are confined under orders from the Secretary of State or Royal warrants. The objections urged to their detention in lunatic asylums, and to the county asylums being required to receive them, apply principally to those who have perpetrated atrocious crimes, and who are dangerous and a source of annoyance to the other inmates, whose liberty is in some cases abridged, in consequence of the necessity of providing for the safe custody of the criminal lunatics.

“We entertain a strong opinion that it is highly desirable arrangements should be made for the separate care and custody of criminal lunatics; and we would submit to your lordship, that, as respects all criminal lunatics who have been charged with serious offences, and whom it is necessary to detain in custody, it is desirable that arrangements should be made with one or more public institutions, as Bethlem Hospital, or that a separate class should be formed in some convenient prison.”

With these suggestions we heartily concur, and we consider it wise to discriminate between those who have committed atrocious crimes and those found guilty of minor offences. A large proportion of this description of patients, we have reason to think, are by mere accident very improperly placed in the criminal class. It not unfrequently happens that an individual attacked with insanity commits an act which, in the eye of the law, comes under the charge of a breach of the peace or a misdemeanour, and the insanity of the party, at the time of his examination before the magistrate, remaining undiscovered, he is sent to prison, and from thence, on the discovery of his insanity, removed to an asylum by warrant of the Secretary of State. Now it is clear

* These closets have since been pulled down, and the building shut up.

that this unfortunate individual has, owing to the carelessness or incompetence of his examiners, accidentally fallen among a class of miscreants to which, in justice, he cannot be said to belong. Had his insanity been discovered in the first instance by his friends, or subsequently at the time he was brought up for examination, he would at once have been sent to an asylum free from the stigma of criminal. That such instances should arise is far from exciting our surprise; indeed, we conceive that, with the exercise of the utmost caution, a misapprehension of the true state of a party brought up for examination in a court of justice must now and then occur. But we do contend that the patient thus accidentally cast into prison, has already suffered an act of injustice, which would be still further aggravated by making him an object for a national establishment for criminal lunatics. This stigma of criminal is too often attached to the friendless wanderer, whose unsettled state of mind has led him to seek a precarious livelihood by rambling from place to place. Such a person may be said, from the peculiarity of his mental condition, to possess in a high degree the germ of insanity, which, breaking out in the public street or lodging-house of a town where he is utterly unknown, he is transferred to the hands of the police, and thence to prison, with vagrant and criminal attached to his name. It is a mere accident whether insanity and an asylum, or criminality and a prison, be his lot.

Before contemplating the kind and extent of accommodation needed in a separate establishment for criminal lunatics, it would be desirable to ascertain the exact nature of the offences of the criminal patients, and the circumstances under which they have been committed. The Commissioners have ascertained the proportion of the more atrocious crimes to amount to about 50 out of the 224 cases. We would suggest that the inquiry be extended to the minor offences, with the view of determining the number to be deducted from the criminal class. It would be well, also, not to disregard the evident progressive change in public opinion as respects the punishment of crime. We cannot be insensible to a general prevalence, and an increasing desire to abolish the practice of destroying the lives of our fellow creatures as a means of correcting and preventing offences. Should this desirable end be carried out by change in our laws, we can have very little doubt what effect would be produced on juries when deliberating their sentence of guilty or not guilty. The repugnance to inflict death is daily manifest by "recommendations to mercy," when there can be no possible doubt of the guilt of the party—by verdicts of not guilty, when there is every reason to believe the party guilty—and by acquittal on the ground of insanity where the least shadow of evidence can be

advanced in favour of the opinion that the culprit is of unsound mind. We cannot doubt that many of the criminal patients now confined in our asylums would, had the punishment of death been abolished, have been convicted of guilt, and sentenced to transportation.

Before closing our remarks on this head, let us give a passing notice to the actual position of the truly and really insane criminal. He has, whilst without power of self-control, or knowledge of right or wrong, and perhaps without a consciousness of his actions, committed an atrocious act designated by law a capital crime. He is clearly irresponsible, and is acquitted accordingly. He recovers entirely from his attack of insanity in the course of a few months or a few years, but still, with the perfect use of all his faculties, he is doomed to pass the remainder of his life in confinement. And for what? For an act, in the commission of which he was an irresponsible agent. The same person, in a sane and insane state, may be looked upon as two distinct individuals. Is the sane party to be punished for the errors of the insane? We do not say that, in the present state of our law, we could act in accordance with these views. But it is clearly evident, that we here find another instance of injury and injustice exercised towards the afflicted, from an overweening regard to the security and protection of the public.

In the statistical department of the Report before us will be found much valuable information, of which our space will not allow us to take advantage. A slight oversight, it would appear, has arisen in drawing up the tables comprised in Appendix D. These tables embrace an aggregate of the "number of pauper lunatics, and the total accommodation for them in the public and private asylums of each county." The object of this table is evidently intended to show the number of patients in each county as still unprovided with accommodation; and this it does as far as regards the paupers chargeable to the different townships of the county. But, when estimating the necessary provision for the pauper insane, it should be borne in mind that there is a class of patients who are not chargeable to any township, and that these ought to be added to the numbers so chargeable. They fall on the county rate, and are provided for in the county asylum; allusion is made to them at page 91, where it is stated that "the county of Middlesex had, in 1841, 108; in 1842, 116; and in 1843, 126 county pauper lunatics, or lunatics whose settlement had not been ascertained. The county of Lancaster had, in 1842, 118 county pauper lunatics." The addition of these numbers to those embraced in this table, showing the large deficiency of accommodation, would make the wants of the insane poor more strikingly evident.

As respects the report of the Commissioners, we hail it with the utmost satisfaction, as a searching inquiry into the condition of our asylums, public as well as private; and we anticipate much benefit from it. The enormities exposed in some of our institutions cannot lead to a favourable impression of the condition of the poor wretches confined in solitude by their relatives or friends. Ought any motives of delicacy to have influence in checking investigations into the state of these patients? Many cruelties are, doubtless, daily inflicted on parties so circumstanced, and we apprehend that, had the powers of the Commissioners extended to the visitation of them, we should have had laid open a most appalling amount of infamy. Could it have been a matter of surprise, after hearing of the enormities committed in public establishments, to find that in private abodes cruelties were committed of a ten-fold deeper dye? The exposure is to be dreaded, but the knowledge that such atrocities do exist, is reason sufficient for demanding their extermination, and no false delicacy should interfere to prevent it. We sympathise with the lower animals and protect them from cruelty, whilst we suffer every species of barbarity to be heaped with impunity on our afflicted brethren. It is painful to imagine the successive stages of suffering endured by individuals thus circumstanced; we formerly discredited the astounding facts which came to our ears; but actual inspection has revealed them in all their shame and truth. We thought it impossible that the nearest relatives could knowingly suffer the infliction of such barbarities, until it had actually been demonstrated to us. The surprise at first excited, on hearing of cruelties of this nature, becomes in some measure diminished, when we come to consider that in very many instances the hereditary taint of insanity is so strongly disseminated through the various members of a family, that they cannot be considered possessed of the least fostering care for a sick relative. Their sensibilities are so blunted, as to produce an entire want of affection, and there is too much reason to fear, that occasionally the feelings are so morbidly affected by the family taint, that there may be a strong insane propensity to inflict punishment on their brother in affliction. Bearing these circumstances in mind, and knowing moreover that succession to property makes the death of the sufferer a "desirable result" to the *protecting* relative, can we wonder at the horrifying details which sometimes assail us. Something in extenuation may possibly be pleaded on the ground of ignorance of the parties inflicting cruelty; but no plea of this kind can, we fear, be advanced as an apology for deficient legislation as a correction of these appalling instances of barbarity. Examples of the most horrifying description have been recorded by the Poor-law Commissioners, who, in their published reports,

have given innumerable instances of the grossest barbarity. The portion of the domestic accommodation usually assigned to these unfortunates is that commonly devoted to the reception of coals, &c., namely, the triangular space formed between the stairs and ground-floor. In this confined, dark, and damp corner may be found at this very time no small number of our fellow beings, huddled, crouching and gibbering with less apparent intelligence, and under worse treatment, than the lower domestic animals. Only in July last, Lord Ashley in his able speech, when giving notice of the bill to be introduced this session, brought before the notice of the House of Commons the case of a lunatic who died in Wales, during the last summer, under these circumstances: the body was permanently bent by coercion, the knees pressed upon the abdomen so as to produce sores, and considerable dissection was necessary to bring the limbs straight after death so that the body could be pressed into a coffin. Another instance came under the notice of the Lord Chancellor for Ireland, only last year, where an unfortunate gentleman of property was chained by his own brother, with scarcely a rag on his person, in an out-house so dilapidated as to be pronounced unfit for the shelter of cattle. And these parties pass unpunished! The law prevents them from exercising equal cruelty on the lower animals; but they may chain and torture the sick, helpless, uncomplaining, demented fellow creature with impunity.

We should be wanting in duty, in concluding our review of the Report before us, did we not express our high estimation of the zeal, determination, and matured judgment which the Commissioners have manifested throughout the searching investigations they have made. The Report is highly creditable to them as a body, but at the same time humiliating to us as a nation. Our feeling of humiliation, however, ought to give way to that of thankfulness that such facts are brought to light: we hail the volume before us as the harbinger of a thorough and complete correction of these gross abuses. It is impossible the legislature and magistracy can peruse the astounding facts now placed in their hands, without feeling the paramount importance of a full consideration of them. They will, we are assured, do this; and before the close of the present session; we shall have the gratification of knowing, that an act has passed the legislature which will sweep these abominations from the face of our land. Let it not be said that, at whatever price purchased, it is a dear bargain; the smallest fractional item of the sums voted for the abolition of slavish thralldom, will suffice to provide the means of comfort, freedom, and happiness to the many afflicted and worse than slave-bound of our fellow countrymen.